

TREATMENT VERIFICATION FORM

Fill out this form completely and submit with your application for an export certificate, when treatments are required by the foreign country. **All blocks must be filled out.** Incomplete forms may result in delays issuing the export certificate.

| | |
|---|--|
| Date of Treatment: | Treatment (<i>check one</i>): <input type="checkbox"/> fumigant <input type="checkbox"/> dip <input type="checkbox"/> slurry <input type="checkbox"/> drench <input type="checkbox"/> dust <input type="checkbox"/> liquid |
| Chemical (<i>active ingredient NOT trade name</i>): | Duration & Temperature: |
| Concentration: | |

Name and quantity of commodity treated:

Rail car, container, lot number, etc., treated:

EPA registration number:

Date and time treated:

Date and time released:

Treatment done by (list applicator name & Pesticide Applicator ID #):

Firm Name (firm that did treatment): _____

Address: _____

City/state/zip: _____

The described plant material was treated with the proper dosage of pesticide in accordance with the label of the product used.

Name and Title of applicant _____

Signature: _____ Date: _____

Submit this form by fax to:
Nebraska Department of Agriculture
Entomology Program
(402) 471-6892

Form available for download at: <http://www.agr.ne.gov/division/bpi/ent/export.htm>